

GENERAL REGISTRATION APPLICATION - BUSINESS INFORMATION

ENCLOSURES REQUIRED WITH THIS FORM

a) Evidence of business status (i.e., Articles of Incorporation, Certificate of Limited Partnership, Articles of Organization or Partnership Agreement).

☐ Enclosed ☐ Not Applicable

b) **FOR CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY:** The status that the business is in Good Standing according to the records of the Maryland Department of Assessments and Taxation (SDAT) per review of the SDAT web page. A Certificate of Good Standing may be obtained from SDAT via the Internet at www.dat.state.md.us.

☐ In Good Standing ☐ Not a Corporation or Limited Liability Company

c) If Applicant has purchased an existing facility - Copy of sales agreement or notarized letter signed by both the previous owner and the current owner stating the specific terms of the sale.

☐ Enclosed ☐ Not Applicable

d) Registration fee of either \$75, \$300, or \$1200 depending on Applicant's status under the bonding requirement of the law.

☐ Enclosed ☐ Not Applicable

e) Either an Application for Exemption from the bonding requirement (Form HS-R4) or a Statement of Compliance with the bonding requirement (Form HS-R3).

☐ Enclosed ☐ Not Applicable

f) Copies of each type of proposed contract to be used to sell contracts. The contracts must contain an itemized description of fees and charges and a Notice of Consumer Rights. If your business does not use contracts you must submit a Notice of Consumer Rights, a fee schedule/pricing list and two members' sample credit card, debit card, or electronic funds transfer authorizations.

☐ Enclosed ☐ Not Applicable

g) If Applicant is subject to the bonding requirement: 1) an original bond, letter of credit, or cash deposit; 2) a schedule of outstanding liabilities to members; and (3) a report of member/student liabilities prepared by an independent certified public accountant (see Bonding Instructions and enclosed samples).

☐ Enclosed ☐ Not Applicable

Note: You are under a continuing obligation to notify us within 10 days of any change in any information provided to the Division.

Services offered

1. Circle one:

Health Club, Figure Salon, Exercise and Fitness Programs, Trainer or Providers
Self-Defense School or Instructor
Weight Loss Center, Programs, or Counselor

Form of business and status

2. Circle one:

Corporation
Limited Partnership
Limited Liability Partnership
Limited Liability Company
General Partnership
Sole Proprietorship

3. Contact Person:

Name and Title:

Company/Firm:

Address:

Telephone: ()

4. Business:

Business Name:

Club Name (if applicable):

Full Address:

Telephone: ()

IRS Employer Identification Number:

(Or personal identification Number if business is a SP and is not required to have an IRS ID#.)

State in which business was formed:

Date of formation:

Date began transacting business in MD:

Good Standing Status: Is your business in good standing with the Maryland Department of Assessments and Taxation (SDAT)? ☐ Yes ☐ No

If you did not answer Yes that your business is in good standing, then contact SDAT at 410-767-1344 or review the Help Page on the website at: www.dat.state.md.us.

5. List ALL Location(s) where services are to be provided (attach additional sheets if necessary):

Club/Facility Name:

Address:

City, State, Zip

Telephone: ()

County:

Opening date (or date of first business transaction): _____

FURTHER INFORMATION

Note: Please complete the applicable sections designated below

Corporations: Complete sections 6 - 11 below

Limited Partnerships: Complete sections 11 - 13 below

**Limited Liab. Companies: Complete sections 11 - 13 below
and sections 7 - 8 if applicable**

Limited Liab. Partnerships: Complete sections 11 - 13 below

General Partnerships: Complete sections 12-13 below

Sole Proprietorships: Complete sections 12 - 13 below

6. Board of Directors (attach additional sheets if necessary):

Name:

Residence:

Telephone: WK()
 HM()

Name:

Residence:

Telephone: WK()
 HM()

Name:

Residence:

Telephone: WK()
 HM()

7. Officers (attach additional sheets if necessary):

Name and Title:

Residence:

Telephone: WK()
 HM()

Name and Title:

Residence:

Telephone: WK()
 HM()

Name and Title:

Residence:

Telephone: WK()
 HM()

8. Shareholders holding greater than 10% of the outstanding shares of any class of stock (attach additional sheets if necessary):

Name:

Residence:

Telephone: WK()
 HM()

Name:

Residence:

Telephone: WK()
 HM()

9. For corporations incorporated in a state other than Maryland, specify the date the corporation registered to do business in this State: _____

10. Other businesses or facilities in Maryland (past or present) selling “health club services” in which directors, officers, or shareholders have or had any ownership interest (attach additional sheets if necessary):

Business Name:

Business Address:

Telephone: ()

Trading as:

Location where services are/were provided:

Facility address:

Telephone: ()

Status (circle one): ☐ Open

☐ Closed or Sold Date: _____

11. Resident Agent:

Name and Title:

Address:

Telephone: WK()
 HM()

Note: The law requires that the Resident Agent be a member of the Board of Directors who resides in a county where the business sells “health club services”.

12. Owner(s), sole proprietors, general partner(s), LLP partner or LLC member(s) - individuals or other entities (attach additional sheets if necessary):

Name:

Residence:

Telephone: WK()
 HM()

Name:

Residence:

Telephone: WK()
 HM()

Name:

Residence:

Telephone: WK()
 HM()

Name:

Residence:

Telephone: WK()
 HM()

13. Other businesses or facilities in Maryland (past or present) selling “health club services” in which owner(s), sole proprietors, general partner(s), LLP partner, or LLC member(s) have or had any ownership interest (attach additional sheets if necessary):

Business Name:

Business Address:

Telephone: ()

Trading as:

Location where services are/were provided:

Facility address:

Telephone: ()

Status (Circle one):

☐ Open

☐ Closed or sold Date: _____

CERTIFICATION OF CORPORATE OFFICER,
LLC MEMBER, LIMITED LIABILITY PARTNER, GENERAL PARTNER
OR SOLE PROPRIETOR

I, _____, _____
(Name) (Title)

hereby certify, upon personal knowledge and under penalty of perjury, that the information contained in this Registration Form, including the Schedule of Outstanding Liabilities to Members, if applicable, and all other information provided pursuant to this registration process, is complete, accurate and true. I further certify that I am authorized to submit this Registration Form on behalf of:

(Business Name)

I also understand that I am under a continuing obligation to notify the Consumer Protection Division of any change in the registration information provided by the above business no later than ten (10) days from the date of the change. I also understand that I must notify the Consumer Protection Division if the above business is sold or closed. I also understand that if my business is bonded, or is required to become bonded, I must review my outstanding liabilities quarterly and increase the amount of the bond, letter of credit, or cash deposit to account for any increases in the outstanding liabilities of my business. I also understand that I must increase the bond, letter of credit, or cash deposit whenever my outstanding liabilities increase by more than \$10,000.00.

Dated

Signature of Owner, Officer or Director